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October 24, 2016

Mitra Ahadpour, MD

Medical Officer, Division of Pharmacologic Therapies

Substance Abuse and Mental Health Services Administration

8904 Bells Mill Rd

Rockville, MD 20854

Dear Dr. Ahadpour,

On behalf of the American Society of Addiction Medicine (ASAM), I am eager to submit these comments on the training requirements for nurse practitioners (NPs) and physician assistants (PAs) to become waived to prescribe Schedule III controlled substances for the treatment of addiction, as authorized by the Comprehensive Addiction and Recovery Act (CARA).

As you know, CARA includes provisions to expand buprenorphine prescribing privileges to NPs and PAs to help close the well-documented addiction treatment gap. A 2015 study published in the American Journal of Public Health found that almost every state had opioid use disorder rates that exceeded their buprenorphine treatment capacity, and concluded that strategies to increase the number of medication-assisted treatment providers are needed.ⁱ Authorizing and training NPs and PAs to provide this treatment can help expand treatment access, particularly in rural and underserved areas where waived physicians might be scarce or at their patient limit.

ASAM understands that SAMHSA is seeking input from stakeholder organizations regarding the requirement in CARA that NPs and PAs complete 24 hours of training addressing the following topics before they may obtain a waiver to prescribe buprenorphine:

- (1) opioid maintenance and detoxification;
- (2) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;
- (3) initial and periodic assessments (including substance use monitoring);

- (4) individualized treatment planning, overdose reversal, and relapse prevention;
- (5) counseling and recovery support services;
- (6) staffing roles and considerations; and
- (7) diversion control.

Given the continued escalation of the opioid epidemic and the persistence of the addiction treatment gap despite other policy changes intended to narrow it, it is both critical and urgent that SAMHSA recognize that a wealth of accredited Continuing Education (CE) and Continuing Medical Education (CME) courses that cover these topic areas already exists and have been completed by many NPs and PAs. **There is no need to create a new curriculum or new courses for the 24-hour requirement.** In fact, such an approach would waste both limited resources and precious time while people are dying.

ASAM strongly recommends SAMHSA allow NPs and PAs to count the currently available 8-hour DATA 2000 course towards the 24-hour training requirement. By law, this course must cover the same topic areas required for NPs and PAs. While it was designed for physicians, it is equally accessible and beneficial to NPs and PAs, and many have completed it.

Moreover, ASAM recommends SAMHSA allow NPs and PAs to fulfill their additional 16 required hours through CE or CME courses on addiction treatment provided by any of the organizations named in the law. These organizations, including ASAM, already offer a host of educational courses that cover the required topic areas. Allowing NPs and PAs the flexibility to choose courses based on their learning needs would align SAMHSA's strategy with what is known about adult learning and therefore optimize their acquisition of the needed knowledge and skills to treat patients with addiction.

ASAM also recommends that nurse practitioners who obtain board certification through the International Nurses Society on Addictions (IntNSA), sponsored by the Addictions Nursing Certification Board (ANCB), and become certified as a Certified Addictions Registered Nurse – Advanced Practice (CARN-AP), should be recognized as satisfactorily fulfilling 16 of the 24 hours required to apply for a waiver. CARN-AP certification represents expertise in the field of addiction treatment that greatly surpasses the required minimum 24 hours of addiction continuing education required by the law. The only additional requirement that these professionals should have to fulfill is the 8-hour DATA 2000 course.

Thirdly, NPs and PAs should be able to fulfill this requirement retroactively, meaning those who have completed both the 8-hour DATA 2000 waiver course and an additional 16 hours of addiction-related education within the past two years should be able to qualify for a waiver immediately. For example, several NPs and PAs have completed ASAM's Fundamentals of Addiction Medicine Recognition Program. This program comprises five components, including the 8-hour DATA 2000 waiver course, that together total 40 CME hours. Those clinicians who have completed this program should be able to qualify immediately for a waiver.

Finally, should SAMHSA choose instead to require the development of a new curriculum or course, or otherwise be more prescriptive regarding the training requirements, ASAM urges

SAMHSA to issue temporary waivers to those NPs and PAs who have already completed the 8-hour DATA 2000 course and 16 additional hours of addiction education from the approved organizations. The treatment gap is too wide and the need for additional capacity too urgent to continue to delay. Many NPs and PAs have taken extensive training in addiction treatment and already treat patients as part of a care team with waived physicians. It would be inexcusable to continue to deny these clinicians the prescribing authority extended to them by CARA while patients suffer and die from a treatable disease. A temporary waiver application form could easily be developed by modifying the current physician application form to request attestation that the applicant has completed the required number of training hours on the required topics.

Thank you for the opportunity to provide these comments. We look forward to continuing to work with SAMHSA to expedite this process and ensure NPs and PAs are well-equipped to provide high-quality and individualized care for patients suffering from addiction.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Jeffrey Goldsmith MD". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

R. Jeffrey Goldsmith, MD, DLFAPA, DFASAM
President, American Society of Addiction Medicine

¹ Jones CM, Campopiano M, Baldwin G, and McCance-Katz E. National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *Am J Public Health*. 2015 Aug;105(8):e55-63.